



Legislative Bulletin.....March 28, 2007

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H.R. 1538 — Wounded Warrior Assistance Act of 2007

H.R. 1538, the Wounded Warrior Assistance Act of 2007 (sponsored by Rep. Skelton, D-MO), is scheduled to be considered on the House floor today, March 28, 2007, subject to a structured rule ([H.Res. 274](#)). Below are the summaries of the 12 amendments made in order by the rule.

Amendments are debatable for 10 minutes, unless otherwise noted. Summaries are based on RSC staff's review of *actual amendment text*. For a summary of the underlying bill, see a separate RSC document released yesterday.

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1. Barrow (D-GA). Would repeal the current \$3 deductible, which the VA can deduct from a travel reimbursement provided to veterans for medical-related travel. The amendment would also amend the formula for determining the mileage reimbursement rate to veterans under the beneficiary travel program administered by the Secretary of Veterans' Affairs. The amendment directs the VA to use the mileage reimbursement rates for the use of privately owned vehicles by government employees for official business.

2. Skelton (D-MO). Would require that the tracking system for reports to medical authorities regarding wounded warrior symptoms of post-traumatic stress disorder or suicidal tendencies provided for in the underlying bill, be developed not later than 180 days after the date of enactment and that the results be included in the Congressional reporting requirement.

3. Kline (R-MN). Would amend the provisions in the bill related to the new DoD Medical Support Fund, directing DoD to ensure that \$10 million of amounts authorized for the Fund is transferred from the Fund to "support programs, activities, and facilities associated with the Marine Corps Wounded Warrior Regiment program." The amendment directs the Marine Corps Wounded Warrior Regiment program to use the \$10 million as follows:

- \$6.5 million for case management and patient support;
- \$1.2 million for Wounded Warrior interim Regimental Headquarters Building conversion;
- \$1.3 million for case management system development; and
- \$95,000 for support equipment.

4. Sestak (D-PA)/Kennedy, Patrick (D-RI). Would add a definition to Section 2 of the bill that states: “the term ‘medical care’ includes mental health care.”

5. Brown, Corinne (D-FL). Would add a new section to the provisions in the bill creating the new medical hot line for veterans, requiring that individuals seeking to provide information through the hot line are to be notified of their option to have their identity remain confidential. The amendment provides that if an individual chooses to maintain their confidentiality, any individual who, by necessity, has had access to this information for purposes of conducting the investigation or executing the response to the information, may not disclose the identity of the individual who provided the information.

6. Johnson, Eddie Bernice (D-TX). Would require that the report regarding training provided to medical personnel include specific recommendations to ensure that the health care professionals, medical care case managers, and service member advocates are adequately trained and able to detect early warning signs of Post-Traumatic Stress Disorder, suicidal tendencies, and other mental health conditions among recovering service members.

7. Kennedy, Patrick (D-RI)/Sestak (D-PA). Would insert a new section into the bill requiring the DoD to develop and implement a plan to incorporate evidence-based preventive and early-intervention measures that reduce the likelihood that personnel in combat will develop Post-Traumatic Stress Disorder and other stress-related psychopathologies (including substance abuse conditions). These measures would be included in basic and pre-deployment training for enlisted members of the armed forces, noncommissioned officers, and officers, as well as combat theater operations and post-deployment services. In addition, the amendment would direct DoD, in consultation with the VA and NIGH, to conduct the research necessary to carry out the above requirement. The amendment would direct DoD to determine the feasibility of establishing a working group tasked with researching and developing evidence-based measures, practices and procedures that reduce the likelihood that personnel in combat will develop Post-Traumatic Stress Disorder and other stress-related psychopathologies. Finally, the amendment would direct DoD to submit to Congress **a plan for a peer-reviewed research program at the Defense Health Program’s research and development function** to research and develop the preventative measures outlined above.

8. Hooley (D-OR). Would provide that members of the reserve component returning from combat theater, if the individual requires treatment on an outpatient basis for injuries sustained during combat, may be provided treatment at the military medical treatment facility closest to their home, rather than closest to the base from which they were deployed.

9. Hensarling (R-TX). Would direct the Secretary of Veterans Affairs to conduct a study to determine what the average length of time is between the date for which a veteran requests an appointment and the date he is able to receive care. Also requires that the Secretary report back to Congress within 180 days with recommendations as to how this time could be decreased to 15 days.

10. Bilirakis (R-FL). Would create a new office at the DoD, the Department of Defense-wide Ombudsman Office. The function of the office would be to provide policy guidance to, and

oversight of, the ombudsman offices in the military departments. The Office would develop policy guidelines regarding providing assistance to recovering service members and their families in a number of different areas including support services and transition to the VA. The amendment would also require the Office to submit status reports of actions taken to address individual concerns, and the DoD to would be required to ensure that all offices within the DoD respond in a timely manner to resolve questions and requests from the Ombudsman Office.

11. Buchanan (R-FL). Would direct DoD to conduct a study on the feasibility of developing a joint soldier tracking system for recovering service members, and to submit to Congress their findings, within 180 days of enactment.

12. Welch (D-VT). Would require the DoD and VA to provide medical care managers and service member advocates with the resources needed to “expeditiously” carry out their work. Would also require the DoD to make available to each individual in an outpatient status at a military medical facility, and to their families, information on the services provided by the medical care case managers and member advocates, including information on how to contact them and how to use their services.